

Rental Application

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE OR OTHER ALTERNATE FORMATS.

447 CONCORD ROAD APARTMENTS *RENTAL APPLICATION*
EQUAL HOUSING OPPORTUNITY

ADDRESS: 447 Concord Road
CITY, STATE Bedford, MA 01730
Phone #: 781-275-1038
FAX #: 781-275-1042
TDD #: 711

Date _____

MAIL COMPLETED APPLICATION TO:

**S-C Management Corp.,
c/o Bedford Village Apartments
12 Dunster Road
Bedford, MA 01730**

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

Applicant: _____ Home Tel _____
Present Address _____
street city state zip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.) Please select all that apply.

- ☐ American Indian/Alaskan Native
 ☐ Asian
☐ Black or African American
 ☐ Native Hawaiian or Other Pacific Islander
☐ White
 ☐ Other Multi Racial



Ethnicity: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.) Please select one.

☐ Hispanic or Latino

☐ Not Hispanic or Latino

SIZE OF APARTMENT NEEDED:

1BR 2BR 3BR

☐ ☐ ☐

UNIT TYPE REQUESTED:

☐ Market Rent Wheelchair Hearing/Visual

☐ Moderate Adapted Unit Adapted Unit

☐ Yes ☐ No ☐ Yes ☐ No

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain.

Does your household have a mobile Section 8 voucher or MRVP? ☐ Yes ☐ No

Present Housing Cost Per Month \$_____ Including Utilities? ☐ Yes ☐ No

How long have you lived at present address? _____ Year(s).

What are your reasons for moving? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - **INCLUDE YOURSELF**

FIRST, MIDDLE,

LAST NAME OF
EACH PERSON IN
HOUSEHOLD

RELATIONSHIP
TO HEAD
OF HOUSEHOLD

AGE

SEX

SOCIAL
SECURITY
NUMBER

FULL
TIME
STUDENT

DATE
OF
BIRTH

1 _____ Head of Household _____ Yes or No _____

2 _____ _____ Yes or No _____

3 _____ _____ Yes or No _____

4 _____ _____ Yes or No _____

5 _____ _____ Yes or No _____

6 _____ _____ Yes or No _____



(1) Are you a United States Citizen or eligible alien? ☐ Yes ☐ No

(2) Have you or anyone in your household ever been convicted of a crime?

☐ Yes ☐ No

(3) Are you or any member of your household subject to a lifetime registration requirement under the State Sex Offender Registration Program? ☐ Yes ☐ No

REFERENCES - Full name and address of Landlords or Officials at places you have lived over the last five years, such as shelters.

Address of Present Residence: _____

Name(s) of all person(s) who occupied the unit: _____

Monthly Rent: \$ _____ Dates: From _____ to _____

Name of Present Landlord/Official _____ Telephone _____

Address _____

Address of Previous Residence: _____

Name(s) of all person(s) who occupied the unit: _____

Monthly Rent: \$ _____ Dates: From _____ to _____

Name of Previous Landlord/Official _____ Telephone _____

Address _____

Address of Previous Residence: _____

Name(s) of all person(s) who occupied the unit: _____

Monthly Rent: \$ _____ Dates: From _____ to _____

Name of Previous Landlord/Official _____ Telephone _____

Address _____

NOTE: If more room is required please attach a separate page. Be sure to provide all required information.



NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. Character Reference must have known you for one (1) year or more and not be related to you.

Name of Character Reference _____ Telephone _____
Address _____

Name of Character Reference _____ Telephone _____
Address _____

Name of Character Reference _____ Telephone _____
Address _____

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member # _____
Name of Present Employer _____ Telephone _____
Address _____

Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

Member # _____
Name of Present Employer _____ Telephone _____
Address _____

Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

Member # _____
Name of Present Employer _____ Telephone _____
Address _____

Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly



NOTE: If more room is required please attach a separate page. Be sure to provide all required information.

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, grants, etc.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week, month, year)

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Individual Retirement Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week, month, year)

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR THE LOCAL PREFERENCE LOTTERY POOL (The following categories are equal in priority):

- a. Town of Bedford Resident: Verification of such residency will be provided by the current town census list, lease, or utility bill.
☐ Yes ☐ No

- b. Preference for past Town of Bedford resident: Verification will be provided by a lease, utility bill, or some other official documentation of prior residency.
☐ Yes ☐ No



- c. Preference for current municipal employee of the Town of Bedford: Defined as those persons who are employees of the Town of Bedford or teachers employed by the Town of Bedford School Department. Verification will be provided by a pay stub from the Town of Bedford.
☐ Yes ☐ No
- d. Preference for employees of local businesses of the Town of Bedford: Defined as those persons who are employees of a business located in the Town of Bedford.
☐ Yes ☐ No
- e. Preference for Active Duty military personnel stationed at Hanscom Air Force Base. Verification will be provided by providing a letter from Military Personnel Services verifying that they are stationed at Hanscom Air Force Base.
☐ Yes ☐ No
- f. Preference for parents of a Bedford resident as defined in #a above. Verification will be provided by the current town census list or utility bill and a copy of a birth certificate.
☐ Yes ☐ No
- g. Preference for children of a Bedford resident as defined above in #a above. Verification will be provided by the current town census list or utility bill and a copy of a birth certificate.
☐ Yes ☐ No
- h. Preference for past or present enrollment of a member of the household in the Bedford Public Schools, including METCO students. Verification will be provided by a copy of the student's school record and a birth certificate.
☐ Yes ☐ No

If you answered yes to one or more of the above definitions of a Bedford resident, please provide proof of preference to be included in the local preference pool.



The following must be submitted for a complete application package. Applicant's submitting late or incomplete application packages will not be considered for the Lottery.

- ☐ Completed and signed application form
- ☐ Documentation of your sources of income, including 5 most recent pay stubs
- ☐ Tax Returns (3 most recent years)
- ☐ Bank Statement for all accounts (last 3 months)
- ☐ Verification of Assets Disposed
- ☐ Documentation of Local Preference, if applicable
- ☐ No income statement for any household member over 18 years of age with no income, if applicable
- ☐ Signed consent for release of information for all household members over 18 years of age
- ☐ Signed Notice to All Applicants and Tenants – "Options to Applicants and Tenants with Disabilities or Handicaps"
- ☐ Birth Certificates for all household members
- ☐ Social Security Cards for all household members

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date

S-C Management Corporation, AMO does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the



access or admission to its programs or employment, or in its programs, activities, functions or services.

A money order in the amount of one month's rent must be received as a deposit upon notification of an available unit. This deposit will be applied to your security deposit upon acceptance of your application. If your application is rejected this deposit will be returned to you. If you are offered an apartment you have 48 hours to accept or refuse managements offer of said apartment or your deposit will be non-refundable.



**RELEASE OF INFORMATION
Authorization Form**

I, _____, hereby authorize the above named company, and its staff, to contact any agencies, offices, groups or organizations to obtain any information or materials which are deemed necessary to complete my application or annual re-certification for participation in their housing program. I also permit this form to be duplicated.

Signed under the pains and penalties of perjury.

Signature

Date

THIS INFORMATION IS VALID FOR A PERIOD OF
ONE YEAR FROM THE DATE NOTED ABOVE.

All adult household members (18 years of age and older) in addition to signing the application must also sign the following: (If applicable to the program for which you are applying)

- *All release forms required for third party verification*
- *Any other documents required as a condition of program participation*



NOTICE TO ALL APPLICANTS AND TENANTS
OPTIONS FOR APPLICANTS AND TENANTS WITH
DISABILITIES OR HANDICAPS

447 Concord Road provides assisted housing to the general public.

447 Concord Road is not permitted to discriminate against applicants on the basis of their race, color, religion, sexual orientation, national origin, family status, disability, or handicap. In addition, the project has an obligation to provide “reasonable accommodations” to applicants if they and/or any family member have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

Examples of possible accommodations include:

- Making reasonable alterations to a unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing-light smoke detectors in an apartment for a family with a hearing-impaired member;
- Permitting a family to have a seeing-eye dog to assist a vision impaired family member where existing pet rules would not allow a dog;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing impaired applicant during the application process.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy – the family must still be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing the neighbors, etc., but there is no requirement that the family be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, this is your right.



This statement confirms that I/WE _____ have been informed of my/our right to a Reasonable Accommodation should myself or any member of my household now or in the future require such accommodation.

I/We understand that we must place my/our request in writing and will be required to verify my/our need for this accommodation.

Signed

Date

Signed

Date



S-C Management Corp., AMO[®]

Asset Divestiture Certification (Disposal of Assets)

I, _____, certify that:

- ☐ During the past 2 years, I **have not** sold or given away any assets for less than fair market value.
- ☐ During the past 2 years, I **have** sold or given away only the assets listed below for less than fair market value.

Description	Date Disposed	Amount Sold For	Market Cash Value	Cash Value*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Cash Value is the market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Such reasonable costs include:

1. Penalties for withdrawing funds before maturity,
2. Broker/legal fees for the sale or conversion of assets,
3. Settlement costs for real estate transactions.

I have been made aware of the provisions of Section 1001 of Title 18 of the U. S. Code. I understand that it is a criminal offense, punishable by a \$10,000 fine or 5 years imprisonment or both, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction.

Resident/Applicant Signature

Date

Penalties for Misusing this Consent:

Title 18, Section 1001 of the U. S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U. S. C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U. S. C. 408, f, g and h.

S-C Management/447 Concord Road Apartments does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Name: Carrick O'Brien

Address: S-C Management Corporation

2 Brookline Place Suite 206

Brookline, MA 02245

(617) 566-1026

MA State Relay TTY: 1-800-439-0183